Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance

U.S. Department of Housing and Urban Development

CiviB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission 2. Date 2. Date 3. Type of Submission	4. HUD Application Number		
	te and Time Received by HUD	5. Existing Grant Number	
		6. Applicant Identification Number	
7. Applicant's Legal Name	8. Organizational Unit		
Ninth Street Properties, LLC	Reilly Mortgage Group, Inc.		
9. Address (give city, county, State, and zip code)	10. Name,title,telephone number,fa	ax number, and e-mail of the person to be	
A. Address: 683 Ninth Street	·	s application (including area codes)	
B. City: Oakland	A. Name: Philip J. Foti	3	
C. County: Alameda	B. Title: Vice President		
D. State: California	C. Phone:(602) 508-6191		
E. Zip Code: 94607	D. Fax: (602) 508-6192		
E. Zip 6646. 6 1661	E. E-mail: PhilFoti@reilly.com		
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appro	priate letter in box) M.	
32-0087949	A. State	I. University or College	
32-0001 343	B. County	J. Indian Tribe	
13. Type of Application			
<u> </u>	C. Municipal	K. Tribally Designated Housing Entity (TDHE)	
X New Continuation Renewal Revision	'	L. Individual	
	E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters in box(es)	F. Intermunicipal	N. Non-profit	
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authority	
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)	
	14. Name of Federal Agency		
	U.S. Department of Housing	and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number	16. Descriptive Title of Applicant's	Program	
Title: Mortgage Insurance - Rental & 14 135	Multifamily Market Rate Housing-The p	roposed project will include 50 units in a 5-story building;	
Cooperative Housing for Moderate Income Families & Elderly, Market Interest F	Rate unit mix consists of 8 one bedroom	n/one bath, 40 two bedroom/one bath, and	
Component Title: 221(d)(3) and (4) Multifamily - Market Rate House	sing 2 three bedroom/two bath. The pro	operty will have a Community Room/Gym	
17. Areas affected by Program (boroughs, cities, counties, States,	and underground parking. It will be	e located near downtown Oakland. The	
Indian Reservation, etc.)	surrounding area is delevoped and	there is adequate infrastructure to	
Oakland, Alameda County, California	support the proposed developmen		
18a. Proposed Program start date 18b. Proposed Program end da	te 19a. Congressional Districts of App	plicant 19b. Congressional Districts of	
June-05 June-06	9th District	Program 9th District	
20. Estimated Funding: Applicant must complete the Funding Mat	rix on Page 2.		
21. Is Application subject to review by State Executive Order 12372 P	rocess?		
A. Yes This preapplication/application was made available		ocess for review on: Date	
B. No X Program is not covered by E.O. 12372	to the state Excedite Grade 12072116	bees for review on. Bate	
l H ~ .			
Program has not been selected by State for review 22. Is the Applicant delinquent on any Federal debt? X No	DEOE		
l 	RECEIVED		
Yes If "Yes," explain below or attach an explanation.	D=0		
	DEC 1 3 2004		
	STATE CLEARING HOUS	F I	

Funding Mat	trix								
	provide the funding m		w, listing each	program for wh	nich HUD fun	iding is being			
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 221(d)(4)	\$6,626,100.00 Mortgage Insurance	\$1,875,000.00						\$507,609.00 per year	\$9,008,709.00
Grand Totals	\$6,626,100.00	\$1,875,000.00						\$507,609.00	\$9,008,709.00
* For FHIPs, show	v both initiative and cor	nponent							
of the applicant, to a Congress, an officer of this Federal grant or will be paid for inf Disclosure Form to I similarly certify and Federally recognize as a result of the extribes and TDHEs of This application income the funding you are	ast of my knowledge and any person for influence or or employee of Congret or its extension, rene influencing or attempting. Report Lobbying. I ce disclose accordingly. I ced Indian Tribes and the exercise of the tribe's so established under State accorporates the Assurance seeking the Assurance application is true and	cing or attempting gress, or an employewal, amendmenting to influence the ertify that I shall retribally designated overeign power and tellaw are not excances and Certificates and Certificates.	g to influence a loyee of a Men tor modification persons listed equire all sub and housing entire excluded from the cations (HUD-4 ations currently	an officer or empender of Congresson. If funds other above, I shall awards at all tier ities (TDHEs) esom coverage of the statute's cover 424B) attached by on file with HUI	sployee of an ass, in connected than Feder complete and assets (including stablished by the Byrd Amerage. to this applic D. To the be	agency, a Memberstion with the awaral appropriated for a sub-grants and control of the sub-grants are sub-grants as the sub-grant are	over of arding funds have rd Form-LLL, contracts) to inized Indian ate-recognize and incorporadge and belie	tribes ed Indian rates for ef, all	
23. Signature of Aut	horized Official	The state of the s			Name (printe Philip J. Foti	i	Data /mm/d/	Alegani	
Title Vice President	0					<u> </u>	Date (mm/do	d/yyyy) 03 /2004	L .

AFFLICATION FOR						
FEDERAL ASSISTA	AL ASSISTANCE 2. DATE SUBMITTED December		r 7, 2004	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
✓ Non-Construction	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name: Dos Palos Joint Unifi	ed School District		Organizational Unit: Dos Palos Sta			
Address (give city, county, State,	and zip code):				rson to be contacted on matters involvi	
Dos Palos, Merced C	ounty, California 9	3620	this application (give a Dwight Thom	area code) pson 209	9-392-2151	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter a	ppropriate letter in box)	
00-0303			A. State H. Independent School Dist.			
8. TYPE OF APPLICATION:			B. County	I. State Con	trolled Institution of Higher Learning	
New New	Continuation	Revision	C. Municipal	J. Private U	•	
_			D. Township	K. Indian Tri		
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	Public	
1	rease Award C. Increase	e Duration	F. Intermunicipal G. Special District	M. Profit Org N. Other (Sp	pecify) School District	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:		
			United States Department of Agriculture			
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
	• •	10-766	Playground for preschool and local community.			
	L		i layground for p			
TITLE:			4		RECEIVED	
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta	ites, etc.):				
Dos Palos/South Dos Pal	os, Merced County				DEC 1 3 2004	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			STATE CLEARING HOUSE	
Start Date Ending Date	a. Applicant		b. Project			
8/15/04 7/30/05	Dwight Th	ompson			munity playground	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF		O REVIEW BY STATE EXECUTIVE	
a. Federal	\$ 4	2675"00	a. YES. THIS PREA	APPLICATION	NAPPLICATION WAS MADE	
b. Applicant \$ 34915.00		00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State	\$		12/10/04 DATE			
d. Local	\$.00	b No. TI PROGRA	AM IS NOT C	OVERED BY E. O. 12372	
e. Other	\$.00	-	GRAM HAS N	OT BEEN SELECTED BY STATE	
f. Program Income	\$.00	17. IS THE APPLICA	NT DELINQU	ENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 77,590 [∞]		Yes If "Yes," attach an explanation.			
18. TO THE BEST OF MY KNOW						
ATTACHED ASSURANCES IF			man (1)			
a. Type Name of Authorized Representative b. Title F. Dwight Thompson Principal				c. Telephone (209) 392	2-2151	
d. Signature of Authorized Repre	sentative 2	lut x		e. Date Sign	907/04	

		•		и
#HONEOR			•	
ASSISTANCE	2. DATE SUBMITTED			OMB Approval No.
PERMENISSION:	TO SAIL SOBMITTED		Applicant Identifier	
	3. DATE RECEIVED BY	STATE	State Applie 44	
Construction	_		State Application iden	tifier
Mon Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
E APPLICANT INFORMATION Legal Name:				
CALLAHAN WATER DISTRICT		Organizational Unit:		
Address (glva city, county, State, and zip code):		COMMUNITY	SERVICE DI	STRICT
CALLAHAN CA 96014	···	lame and telephone i	number of person to be	contacted on matters
SISKIYOU COUNTY	. "	nis application (give a		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		541-776-3	327	
6 B 0 0 6 3 7 7 A	7.	TYPE OF APPLICA	NT: (enter appropriate le	etter in box)
8. TYPE OF APPLICATION:	I		•	
, h		3. County	H. Independent School I I. State Controlled Institu	Dist.
	Revision		ALL LIVE OF THE OFFICE	mon or Ligher Featur
If Revision, enter appropriate letter(s) in box(es)			K. Indian Tribe Individual	
A. Increase Award B. Decrease Award C. Increase D. Decrease Duration Officers	F	. Intermunicipal N	A. Profit Organization	
D. Decrease Duration Other(specify).	Duration	i. Special District N	V. Other (Specify)	
	9.1			
		JAME OF FEDERAL	AGENCY;	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER OF WASHED DESIGNATIONS OF THE PROPERTY OF TH	. 1	RURAL DEVEL	MENT OF AGR	CULTURE
The state of the s		DESCRIPTIVE TITLE	OF APPLICANT'S PR	O (ECT:
LOAN & GRANT PROGRAM 1	10 - 7 6 0 c	ommunity w	ATER SYSTEM	Dans,
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States,			DIGIEM	REPLACEMEN
COMMUNITY OF CALLAURY	etc.):			
COMMUNITY OF CALLAHAN, Siskiyou			RECEIV	FD
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRI	ICTS OF:		· · · · · · · · · · · · · · · · · · ·	1
Stan Date Ending Date B. Applicant	CALIFOR	NIA	DEC - 8 20	004
<u> </u>	b. Pro		CTATE OF TATE	
15. ESTIMATED FUNDING:	16.46	Second	STATE CLEARING	HOUSE
a. Federal	- O	APPLICATION SUB	JECT TO REVIEW BY	TATE EXECUTIVE
CDBG \$416,000.00		12072 PHOCE	557	~
b. Applicant SDA, RD \$530,000.00	a. Yi	ES. THIS PREAPPLI	CATION/APPLICATION	WASMADE
C. State		THE TOTAL TO	IDE STATE EXECUTIVE	E ORDER 12372
DWR-SRF 430,000.00 *		PROCESS FOR	HEVIEW ON:	
d. Local \$		DATE 8/13	/04_	
e. Other \$	b. No	T anomatic		•
	5.110	OR PROGRAM	NOT COVERED BY E. C HAS NOT BEEN SELEC	. 12372
f. Program income \$		FOR REVIEW	WO NOT BEEN SELEC	TED BY STATE
g. TOTAL \$	17.15.7	AE ABDULE		
1 _		AFPLICANT DEL	INQUENT ON ANY FE	ERAL DEBT?
DOCUMENT HAS BEEN OF MY KNOWLEDGE AND BELIEF, ALL DATA	.	S If "Yes " attach a	Am assente a se	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNIN ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative	NG BODY OF THE ABBLIA	REAPPLICATION AF	E TRUE AND CORREC	T. THE
- Cype Name of Authorized Roprocents H		AND THE APP	LICANT WILL COMPLY	WITH THE
	PRESIDENT, B			
- xames To 100.	B B	SE D 5	phone Number 30-467-5252	
Previous Edition Lieable		e. Date	Signed	
Authorized for Local Reproduction *Estimate - \$350,			Standard Form 404	
	000 Grant; \$8	0,000 Loan	Standard Form 424 (F Prescribed by OMB Co	16V. 7-97)
·	. 10	eroog noan	. rescuiped by OWB Cl	rcular A-tivo

Prescribed by OMB Circular A-102

APPLICATION FOR			•	OMB Approval No. 034		
FEDERAL ASSISTA		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: 3.		3. DATE RECEIVED E	BY STATE	State Application Identifier		
Application	Preapplication	4. DATE RECEIVED BY FEDERAL AGENCY		Endown I don Hiller		
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	rederal identifier		
5. APPLICANT INFORMATION		<u> </u>				
Legal Name:			Organizational Unit:			
Newell County	Water Distric	t	Californi	ia County Water District		
Address (give city, county, State		ı		number of person to be contacted on matters in		
405 5th Avenu Tulelake, CA			this application (give a David B. 541-776-3	Hammond, PE		
6. EMPLOYER IDENTIFICATION	N NUMBER (FIN)			ANT: (enter appropriate letter in box)		
94 25 4			A, State	H. Independent School Dist.		
8. TYPE OF APPLICATION:		,	B. County	I. State Controlled Institution of Higher Learning		
☑ Ne	w Continuation	Revision	C. Municipal	J. Private University		
		<u> </u>	D. Township	K, Indian Tribe		
If Revision, enter appropriate le	tter(s) in box(és)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization		
A. Increase Award B. De	crease Award C. Increas	e Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other						
	, , , , ,		9. NAME OF FEDER	AL AGENCY:		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
			al	nd Sewer System Inprovem		
	(
	Waste Disposa		Frogram	RECEIVED		
12. AREAS AFFECTED BY YR	•			ULCEIVED		
Community of	Newell, Modoc	County, Cali	<u> </u>	DFC - 8 2004		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF: Cal	ifornia			
Start Date Ending Date	a. Applicant		b. Project	STATE CLEARING HOUSE		
1/05 12/06	Fourth I	District	Fourth Di	strict		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PF	ROCESS?		
a. Federal	\$,×o				
D. Applicant	1,000	<u>,000 </u>		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372		
D. Applicant		•	1	FOR REVIEW ON:		
c. State	\$	<u> </u>				
d. Local	\$, 00	DATE			
- 60				IM IS NOT COVERED BY E. O. 12372		
e. Other USDA, RD	\$ 2,790	,121	OR PROC	SRAM HAS NOT BEEN SELECTED BY STATE		
f. Program Income	\$					
g. TOTAL	\$ 3,790,2	121 0	T ` <i>)</i>	NT DELINQUENT ON ANY FEDERAL DEST?		
18 TO THE REST OF MY KNOW	1			· · · · · · · · · · · · · · · · · · ·		
DOCUMENT HAS BEEN DULY	MLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	CATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE		
A LINCHED W330HANCES IF	THE ASSISTANCE IS AWA	venning body of TH RDED.	E APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number		
Michael White d. Signature of Authorized Repres	nev sentative	Presi	dent	530-664-2267 e. Date Signed		
Mosted	he -			10/27/CXL		
Previous Edition Usable Authorized for Local Reproduction	V			Standard Form 424 (Rev. 7-97)		
				Prescribed by OMB Circular A-102		

APPLICATION FOR		O DATE OURWITTED		1.	Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED November 23, 2004			Applicant Identifier		
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY STATE		State Applicat	State Application Identifier		
Application	Pre-application Construction	4. DATE RECEIVED BY FEDERAL AGEN		NCY Federal Identi	Y Federal Identifier		
☑ Construction ☐ Non-Construction	Non-Construction						
5. APPLICANT INFORMATION	□ Non-Construction						
Legal Name:			Organizationa	ıl Unit:			
Lake Morena Oak Shores Mutua	al Water Company		Department: USDA				
Organizational DUNS: 83-937-8338			Division: Public Rural D				
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
2405 Cedar Drive			Prefix:	First Name: Danny	a code)		
City: Campo	and the second s		Middle Name				
County: San Diego			Last Name Bauers		·		
State: CA.	Zip Code 91906		Suffix:				
Country: USA			Email:				
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give area code) Fax Number (give area code)				
95-2462924			(619) 478-2763				
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)		
☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es)			Municipal				
(See back of form for description	of letters.)		Other (specify)				
Other (specify)			9. NAME OF F	EDERAL AGENCY:			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:		
		10-760	Lake Morena (Dak Shores Funding fo	or Water Service Improvements		
TITLE (Name of Program):							
Water and Wastewater 12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	s. States, etc.);					
Campo, San Diego County, CA.	,	, ,					
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant	· · · · · · · · · · · · · · · · · · ·	b. Project		
August 2005 15. ESTIMATED FUNDING:		A STATE OF THE STA	52nd	ATION SUBJECT TO	52nd REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING.			ORDER 12372		REVIEW BY STATE EXECUTIVE		
a. Federal \$		2,653,000	a. res. 🖭 AV	AILABLE TO THE STA	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$	ENED		PROCESS FOR REVIEW ON				
c. State RE	JEIVLD	. 00		TE:			
d. Local	- 7 2004	. 00	b. No. 🔲 PR	OGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other	LOUGE	. 00		R PROGRAM HAS NO R REVIEW	T BEEN SELECTED BY STATE		
f. Program Income STATE C	LEARING HOUSE	. 00			NT ON ANY FEDERAL DEBT?		
g. TOTAL		2,653,000	🛘 Yes If "Yes"	' attach an explanation	. Po		
18. TO THE BEST OF MY KNOT DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREA HE APPLICANT	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative					,		
Prefix	First Name Jon			Middle Name			
Last Name Sebba				Suffix			
b. Title Professional Engineer				c. Telephone Number (give area code) (858) 385-2133			
d. Signature of Authorized Repres	sentative As	Caldra			22/04		